

## Financial Alignment Initiative: Massachusetts

States participate in the Financial Alignment Initiative, a demonstration program administered by the Centers for Medicare & Medicaid Services, under either a capitated model, a managed fee-for-service model, or an alternative model. The purpose of the demonstration is to test ways to improve care for dually eligible beneficiaries and reduce program costs by aligning financing and coordinating care across Medicaid and Medicare. This fact sheet provides details about Massachusetts' demonstration.

**TABLE 1.** Massachusetts's Capitated Model

<b>Demonstration name: One Care</b>	
<b>Timeline</b>	
MOU signed	August 22, 2012
Opt-in enrollment starts	October 1, 2013
Passive enrollment	January 1, 2014
Scheduled to end	December 31, 2022
<b>Enrollment</b>	
Covered population	Age 21-64 <sup>1</sup> ; not enrolled in certain HCBS waiver programs and not residing in certain institutions; and living in one of the following counties: Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth (partial), Suffolk and Worcester
Enrolled (as of January 2022)	31,568
<b>Payment</b>	
Number of participating plans	2
Savings percentage range <sup>2</sup>	0–1%
Number of rating categories	6
Other risk mitigation strategies	Risk pools and risk corridors
<b>Benefits</b>	
Expanded benefits	Dental, personal care assistance with queuing and monitoring, DME, diversionary behavioral health, health education classes, and community support service
Carved out benefits	Hospice, targeted case management services, and rehabilitation option services
Required community involvement	Plans are required to contract with community-based organizations to provide enrollees with an LTSS coordinator
<b>Care coordination</b>	



<b>Demonstration name: One Care</b>	
Number of days to complete HRA	Within 90 days of enrollment
Number of days to establish ICP	Not specified
Education requirements for care coordinator	Not specified
Care coordinator caseload requirements	Not specified
Number of days to maintain continuity of care from previous coverage	Maintain enrollees' current providers and service authorization for up to 90 days, or until assessment and care plan are completed (whichever is longer)
<b>Consumer protections</b>	
Ombudsman	<a href="#">My Ombudsman</a>

**Notes:** DME is durable medical equipment. HCBS is home- and community-based services. HRA is health risk assessment. ICP is individualized care plan. LTSS is long-term services and supports. MOU is memorandum of understanding.

<sup>1</sup> While beneficiaries must be 21-64 at the time of enrollment, they may remain enrolled in One Care after turning 65.

<sup>2</sup> Massachusetts did not apply any savings percentages to the Medicare or Medicaid capitated rate during the first six months of year 1. During the last six months of year 1, Massachusetts applied a 1 percent savings percentage to the Medicare and Medicaid capitated rate. Following a contract extension of two more years in 2019, savings percentages were devised for years 7 and 8 of the demonstration. The table reflects revised savings percentages as of August 2020, with a 0 percent savings for years 2 and 3, a 0.25 percent savings for year 4, a 0.5 percent savings for years 5, 6 and 7, and a 0.75 percent savings for year 8. In years 7 and 8, which covered 2020 and 2021 respectively, provisions were added in the case of a state of emergency due to the COVID-19 pandemic, which specified the option for a retroactive revision of the rate that would not exceed a percent savings of 0.5.

**Sources:** CMS 2012, 2019a, 2019b, 2020, 2021; Disability Policy Consortium 2018; ICRC 2022; Massachusetts Executive Office of Health and Human Services 2019; and Medicare Payment Advisory Commission (MedPAC) 2018.

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